



## GROUP SESSION LEADER'S GUIDE – 2016 NUTRITION RISK CRITERIA UPDATE

### Session Focus:

**Target Audience:** WIC staff performing nutrition risk assessments (RDs, CAs)

**Session Goal:** United States Department of Agriculture (USDA) Food & Nutrition Services (FNS) has updated five existing nutrition risk criteria. This in-service will enhance understanding of the conditions addressed by these revision updates which go into effect in Idaho on October 1, 2016:

- *201 Low Hematocrit/Low Hemoglobin*
- *332 Short Interpregnancy Interval* (previously titled *Closely Spaced Pregnancy*)
- *425 Inappropriate Nutrition Practices for Children*
- *601 Breastfeeding Mother of Infant at Nutritional Risk*
- *602 Breastfeeding Complications or Potential Complications Women* (previously titled *Breastfeeding Complications Women*)

**Session Objectives:** By the end of the session staff will be able to...

- Objective 1: Identify key points to revision updates for risks *201*, *332*, *425*, *601*, and *602*.
- Objective 2: Correctly document and assign in WISPr risks *201*, *332*, *425*, *601*, and *602*.

### Session Planning:

#### Materials Needed:

##### Staff handout:

- Summary of Nutrition Risk Revisions (you'll need to print enough copies for your staff)

##### Additional materials for session leader:

- WIC Connects Group Session Leader's Guide – 2016 Nutrition Risk Criteria Update (this leader's guide)
- Risk Update 2016 Presentation PowerPoint
- For leader reference (revisions/updates are in red font):
  - RD Referral Tables
  - Nutrition risk 201 document
  - Nutrition risk 332 document
  - Nutrition risk 425 document
  - Nutrition risk 601 document
  - Nutrition risk 602 document

#### Preparation Needed:

- Leaders (trainers) are to participate in the NEAT train-the-trainer webinar Thursday July 14, 2:00 – 3:00 pm MT. Webinar access information will be sent in a separate email.
- Review materials in advance of the group training session.

Prior to leading the in-service session, spend time reflecting on how you can 'model' participant centered services (PCS) skills throughout the session. Read the in-service outline below and think about where you might use open-ended questions (see the activities), affirmations (affirm staff for their comments/answers during the session), reflections

(acknowledge when the group seems apprehensive, excited, confident, etc.), and summarizations (anywhere it seems to fit during the session discussions). At the conclusion of the power point presentation session, determine the “next steps” (see slide 21 below) and summarize.

## Session Outline:

Facilitator notes – (total time needed about 60 to 75 minutes)

PPT Slide:	Important concepts to cover, learning activities
Slides 1-5	<p><b>Opening the session:</b> The <i>United States Department of Agriculture (USDA) Food and Nutrition Services (FNS)</i> periodically has new information regarding the nutrition risk criteria WIC uses to determine participant eligibility. Risk revisions are developed by the national <i>Risk Identification and Selection Collaborative (RISC)</i> and submitted to <i>FNS</i> for final approval. Once approved, <i>FNS</i> provides states with WIC implementation guidance.</p> <p>There are five nutrition risk criteria being revised this year. In Idaho, we'll implement these updates October 1, 2016.</p> <p>The risks being revised are:</p> <ul style="list-style-type: none"> <li>• 201 Low Hematocrit/Low Hemoglobin</li> <li>• 332 Closely Spaced Pregnancy</li> <li>• 425 Inappropriate Nutrition Practices for Children</li> <li>• 601 Breastfeeding Mother of Infant at Nutritional Risk</li> <li>• 602 Breastfeeding Complications (Women)</li> </ul> <p>Distribute the <i>Summary of Nutrition Risk Revisions</i> handout. Discuss the <b>plan for completing the in-service:</b> we'll review the <i>Summary of Nutrition Risk Revisions</i> handout for each risk and consider the discussion questions together.</p> <p><b>Activity</b> - Have the group discuss:</p> <ul style="list-style-type: none"> <li>• <b>Why is it helpful to periodically review and update WIC nutrition risk criteria?</b></li> </ul> <p><b>Example answers:</b></p> <ul style="list-style-type: none"> <li>○ It helps staff stay updated regarding new information related to health conditions.</li> <li>○ It helps staff assign risks correctly and provide relevant nutrition education.</li> </ul>
Slide 6	<p>The first risk we'll be discussing is <b>201 Low Hemoglobin Low Hematocrit</b> (have attendees refer to risk 201 on the <i>Summary of Nutrition Risk Revisions</i> handout).</p> <ul style="list-style-type: none"> <li>• The definition language had minor clarifications.</li> <li>• <b>The language update doesn't impact how staff determines low hemoglobin/hematocrit risk in Idaho. There are no changes to how WISPr automatically assigns the risk based on entering the hemoglobin result and smoking status.</b></li> </ul>
Slides 7-9	<p>Have attendees refer to risk <b>332 Closely Spaced Pregnancy</b> on the handout. This risk has multiple changes:</p> <ul style="list-style-type: none"> <li>• The <b>title changed to 332 Short Interpregnancy Interval.</b></li> <li>• The definition for assigning the risk changed. The risk used to be assigned if there was conception before 16 months postpartum. The <b>timeframe was expanded so the risk is assigned if there is conception prior to 18 months postpartum.</b></li> <li>• The qualifying birth outcomes were redefined. The risk used to be assigned based on any birth outcome including miscarriages and stillbirths. <b>Now risk 332 may only be assigned based on live births</b> (no miscarriages, stillbirths or abortions).</li> <li>• Staff are to <b>use risk 321 History of Fetal or Neonatal Loss for pregnancies without live birth.</b> This risk applies to miscarriages (spontaneous abortion) and stillbirths. Elective abortion doesn't</li> </ul>

	<p>qualify for 321 or 332.</p> <ul style="list-style-type: none"> <li>• <b>WISPr automatically assigns risk 332 when staff enters the previous pregnancy end date and birth outcome.</b></li> </ul> <p>Outcomes associated with short interpregnancy intervals have included complications such as preterm birth, low birth weight, small for gestational age, birth defects and autism.</p> <p><b>Activity</b> - Have the group discuss:</p> <ul style="list-style-type: none"> <li>• <b><i>What health related issues might a mom experience when there's less than 18 months between delivery and conception?</i></b>  <b>Example answers:</b> <ul style="list-style-type: none"> <li>○ Increased nutrient needs</li> <li>○ preterm labor resulting in bed rest or prolonged hospitalization</li> <li>○ health concerns requiring additional tests or medical procedures</li> <li>○ increased stress</li> </ul> </li> <li>• <b><i>What support or referrals might be beneficial?</i></b>  <b>Example answers:</b>  Referral to: <ul style="list-style-type: none"> <li>○ a health care provider if the woman doesn't have one already</li> <li>○ the local food bank for additional help with food</li> <li>○ family planning services after delivery</li> </ul> </li> </ul>
<p><b>Slides 10-11</b></p>	<p>Have attendees refer to risk <b>425 <i>Inappropriate Nutrition Practices For Children</i></b> on the handout.</p> <ul style="list-style-type: none"> <li>• The definition of <b>425.1 <i>Routinely Feeding Inappropriate Beverages as the Primary Milk Source</i></b> has been <b>expanded to include unfortified goat's milk and unfortified sheep's milk (in the list of beverages considered to be inappropriate as a primary milk source for children).</b></li> <li>• The <b>risk will continue to be manually assigned in WISPr.</b></li> <li>• The risk was updated because unfortified goat's milk and sheep's milk don't contain enough of certain nutrients to be appropriate as a child's primary milk source.</li> <li>• <b>Idaho WIC authorizes Meyenberg brand goat's milk which is fortified.</b> Staff can still issue goat's milk with RD approval and risk 425 won't be assigned.</li> </ul>
<p><b>Slides 12-13</b></p>	<p><b>An optional part of the revision for risk 425 refers to states providing non-fat or reduced fat milk for overweight/obese children ages 12 to 24 months. Idaho WIC isn't authorizing the option at this time</b> due to implementing other higher priority food package changes first. The option will be re-evaluated at a future date after eWIC (electronic transfer benefits) implementation has occurred.</p> <p>Reasons why non-fat and reduced fat milks aren't generally recommended for children ages 12-24 months:</p> <ul style="list-style-type: none"> <li>• The milks have lower caloric density and fat content compared to whole-fat milks</li> <li>• It can slow the child's rate of growth</li> <li>• It can result in less body fat and energy reserves</li> <li>• There's a risk of low essential fatty acid intake which is important for brain development</li> </ul> <p><b>Activity</b> – Have the group discuss:</p> <ul style="list-style-type: none"> <li>• <b><i>What might you say to a mom whose doctor recommends non-fat milk for her 18 month old toddler due to concerns about overweight?</i></b>  <b>Example answers:</b> <ul style="list-style-type: none"> <li>○ Reflect that you understand the moms concerns (such as <i>"I understand your concern, growth patterns can vary a lot."</i>)</li> <li>○ Affirm the mom for discussing concerns with the doctor and wanting to take action (such as <i>"It's excellent that you take your child for check-ups and follow the doctor's recommendations."</i>)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Explain that WIC will be able to provide non-fat milk when the toddler is age 2. Discuss other tips that may be helpful in the meantime (see answers below).</li> <li>• <b>What ideas might you offer towards supporting a healthy rate of growth?</b> Example answers: <ul style="list-style-type: none"> <li>○ Share ideas for physically active play</li> <li>○ Discuss the recommended amounts of milk/juice and encourage offering plain water for any additional thirst</li> <li>○ Share healthy snack ideas</li> <li>○ Discuss how to use the <i>My Plate</i> concept towards meal planning</li> <li>○ Discuss the 'division of feeding responsibility' concept (reference: Ellyn Satter's books)</li> </ul> </li> </ul>
Slides 14-16	<p>Have attendees refer to risk <b>601 Breastfeeding Mother of Infant at Nutritional Risk</b> on the handout.</p> <ul style="list-style-type: none"> <li>• The <b>category pregnant women (priorities 1, 2, or 4) was added.</b></li> <li>• <b>In WISPr, manually assign the risk using the certification check function</b> nutrition risk list.</li> <li>• Assign risk <b>601</b> for all pregnant breastfeeding women (except when <b>702 Breastfeeding Infant of Mom at Nutritional Risk</b> is being assigned for the breastfeeding infant).</li> <li>• Risk <b>601</b> is used to identify that the pregnant breastfeeding mom has an at risk breastfeeding infant <b>OR</b> risk <b>702</b> is used to raise the infant's priority level up to the mom's priority level.</li> <li>• <b>Both 601 and 702 cannot be used together</b> for the same breastfeeding dyad pair.</li> <li>• Same concept - <b>risk 601 is assigned to postpartum breastfeeding women in the same way:</b> assign risk <b>601</b> for all postpartum breastfeeding women (except when <b>702</b> is being assigned for the breastfeeding infant).</li> <li>• <b>No RD referral is required for pregnant women with risk 601</b>, however risk <b>338 Pregnant and Breastfeeding</b> requires referral to a Registered Dietitian or Breastfeeding Coordinator (so all pregnant breastfeeding women will require a referral).</li> </ul>
Slides 17-21	<p>Have attendees refer to risk <b>602 Breastfeeding Complications Women</b> on the handout.</p> <ul style="list-style-type: none"> <li>• The <b>title changed to 602 BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS WOMEN.</b></li> <li>• The <b>category pregnant women (priority 1) was added</b> to accommodate pregnant women who are also breastfeeding.</li> <li>• <b>Assign risk 602 for a pregnant woman when she is breastfeeding and having breastfeeding complications or potential complications</b> (severe engorgement, recurrent plugged ducts, mastitis, flat or inverted nipples, cracked/bleeding nipples, severely sore nipples, woman over age 40, or tandem nursing 2 siblings).</li> <li>• Risk <b>602</b> is <b>manually assigned for pregnant women in WISPr by using one of the following as applicable:</b> <ul style="list-style-type: none"> <li>○ The nutrition assessment interview <b>health/medical question #2:</b> "Tell me about any health or medical concerns you are having?"</li> <li>○ The nutrition assessment interview <b>nutrition/health question #9:</b> "Would you like to learn more about breastfeeding?"</li> <li>○ The <b>certification check function</b> nutrition risk list.</li> </ul> </li> </ul> <p>Mother's milk as a primary source of nutrition for breastfed infants. Special attention should be given to the health and nutritional status of the mother especially when nursing and pregnant at the same time. Pregnancy and lactation require extra calories and nutrients. When both are present, adequate intake is essential for the health of mother and baby.</p> <ul style="list-style-type: none"> <li>• Risk <b>602</b> requires <b>referral to a Breastfeeding Coordinator or lactation educator.</b></li> </ul>

	<p><b>Activity</b> – Have the group discuss:</p> <ul style="list-style-type: none"> <li>• <b><i>How might a referral benefit a pregnant woman who is breastfeeding or experiencing problems with breastfeeding?</i></b></li> </ul> <p><b>Example answers:</b></p> <p>A referral:</p> <ul style="list-style-type: none"> <li>○ Supports the woman in her decision to breastfeed during pregnancy</li> <li>○ Provides the woman an opportunity to have questions answered by someone with breastfeeding expertise</li> <li>○ Provides the woman with information that may make breastfeeding easier</li> <li>○ Increases the likelihood the woman will know how to eat healthy to support her pregnancy and breastfeeding</li> </ul>
<p><b>Slides 22 - 23</b></p>	<p><b>Closing the session:</b></p> <ul style="list-style-type: none"> <li>• <b>Five nutrition risk criteria were revised</b> and will be <b>implemented statewide Oct. 1, 2016.</b></li> <li>• <b>All nutrition risk revision training materials are posted to the Idaho WIC website</b> (under <i>Staff; Training; Training Links; Nutrition Risk Criteria</i>).</li> </ul> <p>Are there <b>any questions?</b> If you have questions later, check with me (your trainer), an RD, Coordinator or the State Office.</p> <p><b>Determine any staff “next steps”:</b> e.g., staff will need to discard any old computer down nutrition assessment forms (prenatal and postpartum) on October 1, 2016; staff will need to discard any outdated resources.</p> <p><b>Thank you</b> for participating!</p>

**Facilitator review:**

How well did the session support certifier understanding of the updated risk criteria?

What suggestions do you have for the State Office regarding future Nutrition Risk Criteria training and related materials?

**Feedback may be given to:**

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